MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE FORM PTO-875)

SERIAL NO. 10/528821 APPLICANT(S) FILING DATE

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		LANS	AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1 1 .	IND.	DEP.	IND.	DEP.		NDMENT
1							51		Dist.	MID.	DEP.	IND.	DEP.
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3							53			2			
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TOTAL DEP.	38	4		4=		4	TOTAL DEP.	l	4	لــــــا	44		4
TOTAL CLAIMS	40						TOTAL CLAIMS			<u></u>			
PTO - 1340	(REV. 11/04)				· · ·		4			MENT of CO			